

## Application Data Sheet

### Application Information

Application number:: 09/724,953  
Filing Date:: 11/28/00  
Application Type:: Regular  
Subject Matter:: Utility  
Sequence Submission:: Yes  
Computer Readable Form (CRF)?:: Yes  
Number of copies of CRF:: 1  
Title:: PREVENTION AND TREATMENT OF  
AMYLOIDOGENIC DISEASE  
Attorney Docket Number:: 15270J-005913US

### Representative Information

Representative Customer Number:: 20350

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/585,817	06/01/00
09/585,817	nonprovisional of	60/134,010	06/01/99
<u>09/585,817</u>	<u>An application claiming</u> <u>the benefit under 35 USC</u> <u>119(e)</u>	<u>60/134,010</u>	<u>06/01/99</u>
<u>This Application</u>	<u>Continuation</u>	<u>09/585,817</u>	<u>06/01/00</u>
<u>09/585,817</u>	<u>Continuation-in-part of</u>	<u>09/580,015</u>	<u>05/26/00</u>
<u>09/580,015</u>	<u>Continuation-in-part of</u>	<u>09/322,289</u>	<u>05/28/99</u>
<u>09/322,289</u>	<u>Continuation-in-part of</u>	<u>09/201,430</u>	<u>11/30/98</u>
<u>09/201,430</u>	<u>An application claiming</u> <u>the benefit under 35 USC</u>	<u>60/080,970</u>	<u>04/07/98</u>

09/201,430      119(e)      An application claiming      60/067,740      12/02/97  
the benefit under 35 USC  
119(e)

**Assignee Information**

Assignee Name::                      Neuralab Limited  
Street of mailing address::              102 St. James Court  
City of mailing address::              Flatts, Smiths  
State or Province of mailing address::  
Country of mailing address::              Bermuda  
Postal or Zip Code of mailing address:: FL 04